Occupational Therapy Supervision Log

| | | | | - | |
|------------------------------------|-------------------|------------------------|---|----------------------------|------------------------|
| Name of Sup | ervisor(s) & Lice | nses(s) #: | | | |
| Employer or | Facility: | | 100 | | |
| Date | | Supervision : Time) | Observation, Dialogue, Discussion and | Total Hours Supervision | Supervisor Initials |
| | Face to Face | General Supervision | Instructional Technique (Specify Technique) | | |
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| | | | | | |
| Total Hours: | | | | | |
| Total Hours Worked per Month | | | | | |
| OT Signatur | ·e: | | | Date: | |
| OTA Signatu | ure: | | | Date: | |

Supervision Log

| Name of Facility: | |
|---|-----------------|
| Address of Facility: | |
| Name, OTA/L: | License Number: |
| Name of OT/L: | License Number: |
| Month of Supervision: | |
| Date | |
| Supervision Type General: Technique and Comments | |
| Face to Face Technique and Comments | |
| Amount of Time of Supervision | |
| Hours of supervision: Face to Face Total Supervision hours per month | |
| Signature of OT/L: | Date: |

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|-------------|-------------------------|--|------------------------------------|-----------------|
| | Total Hours Supervision | Total Hours of Face-to-Face | Total Hours of General Supervision | al Hours of Gen |
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| | Cincinna | (Observation, Dialogue, Discussion & Instructional Techniques Employed) | (General or Face to Face) | Care |
| OT Initials | OTA Initials | Tachniques | Typo of Cyponicion | 74 |
| | License # | OT Supervisor/License # | ense # | OTA/License # |
| | Year | Month | OTA Supervision Log | |
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MONTHLY SUPERVISION LOG

| Name of OTA/L: | f OTA/L: Licensed # | | | | | |
|-------------------------|---|------------------------------------|--|--|--|--|
| Name of OT/L: | | Licensed | i# | | | |
| Date of Supervision | <u>Time</u> | Meeting Type Face to Face/ General | Themes/Topics Observation, dialogue/discussion, and instructional technique employed | | | |
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| Frequency of Supervisi | on: | Total hours we | orked: | | | |
| Total Hours Supervision | n: I | Face to Face: | General: | | | |
| Supervising OT/L Signa | ture: | | _ Date: | | | |
| OTA/L Signature: | | | _ Date: | | | |

Supervision Log

| Occupational Therapist Assistant/License # | sistant/License # | | |
|--|--|---|--------------------------|
| Frequency of Supervision_ | | Number of hours worked by OTA | ГА |
| A full time O | TA must be supervised at least j | A full time OTA must be supervised at least four (4) hours per month with no less than two (2) hours of face to face supervision. | ce to face supervision. |
| Date and amount of time spent | Type of supervision General/Face to Face | Observation, Dialogue, Discussion and Instructional Techniques | OT Initials OTA Initials |
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| Total Hours supervision for the month | ne month | Signature of OT: | Date: |
| Total Hours General Supervision | ion | Signature of OTA: | Date: |
| | | | |

OCCUPATIONAL THERAPY SUPERVISION LOG

| OTA Nan | ne/License #: | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|--|----------------------|
| OT Name | e/License #: | | | |
| Date | Supervision Time Circle Method of S | upervision | Circle Type of Supervision Technique P | Provided OT Initials |
| **** | Time: | · · · · · · · · · · · · · · · · · · · | Observation Dialogue Disc | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | Observation Dialogue Disc | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | Observation Dialogue Disc | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | Observation Dialogue Disc | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| · | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| · · · · · · · · · · · · · · · · · · · | Time: | | | cussion |
| | General | Face To Face | Other Instructional Technique | |
| Frequenc | y of Supervision: | Total ho | urs worked: | <u> </u> |
| Total Hou | ırs Supervision: | Face to Face | : General: | |
| Supervisi | ng OT/L Signature: | | Date: | |
| | | | Date: | |
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|---|--|-------------------------|---------------|---------|-------------|------------|------------|--|------------|--------------------|---------|------------|--------|--------------------|----------------------|---------|----------|
| Month/Year: | Check topics below that are covered in supervision | Discussion of a student | Direct with a | Student | Instruct in | Documentat | ion Review | Equipment Instruction | In-service | Treatment Planning | Email | Phone Call | TOTALS | General minutes | Face-to-face minutes | TIME IN | TIME OUT |
| OTA | <u>, </u> | | + | - | | - | | | | | | | | | | | <u>.</u> |
| OTA SUPERVISION RECORD FOR: | 2 | | \dagger | | | | | | | | | | | | | | |
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| (Print) | 11 | | | | _ | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | |
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| SUPERVISION OT: | 18 | | | | | | | | | | \perp | | | | | | |
| ERV | 61 | | | | | | | | | | | | | | | | |
| SION | 50 | | | | | | | | | | | | | | | | |
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| 원 뜻 (급) | 53 | | \perp | | | | | | | | | | | | | | |
| rint) | 24 | | | | | 1 | | | | | | | | | | | |
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| ¥or | 56 | | | | | | | | | | _ | _ | | | | | |
| Ked | 72 | | | | | | | | | | | | | | | | |
| (Print) Total Hours OTA worked this month: | 58 | \downarrow | | | | 1 | | | | | | | | | | | |
| nont | 59 | _ | | | | \perp | | | | | | | | | | | |
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*General notes: Emails = 2.5 minutes ea (approximated time); list dates and number on back; attach cell records. Form developed by Jen Fredrick, COTA; revised by R. T. Edwards, MS, OTR/L

DATE:

License#:

SIGNATURE:

(b) The supervising OT/L and individuals under supervision shall each maintain a log which shall document: The frequency of the supervision provided;

SIGNATURE:

License#:

5. The number of hours worked by the OTA/L each month.

(c) It shall be the responsibility of the supervising OT/L to maintain a list of any OTA/L that he or she has supervised with the OTA/L's name and license number.

(d) It shall be the responsibility of the OTA/L under supervision to maintain a list of his or her supervising OT/L with that individual's name and license number.

(8) A supervising OT/L shall not have more than the equivalent of three (3) full time OTA/Ls under supervision at any one (1) time.

^{2.} The observation, dialogue and discussion, and instructional techniques employed;3. The type of supervision provided, either general or face-to-face;4 The dates on which the supervision occurred; and